

5/20/

FILED
Jul 04, 2002 8:00 am
Secretary of State

05-20-2002 90192 001 ***450.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G41287

1. Entity Name
CARDIO-STAT, INC.

Principal Place of Business
4173 S. CONGRESS AVE. #W
LAKE WORTH FL 33481-4725

Mailing Address
P. O. BOX 1928
LEXINGTON SC 29071-1928

37756



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2300879

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUKE, ALISA S
2833 NE 20TH CT
FORT LAUDERDALE FL 33305

Name ~~CT Corporation System~~
Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Road
City Plantation FL Zip Code 33324

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE CT Corporation System JENNIFER FAULTMAN
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents are required to sign this form.) DATE 4/30/02

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$850.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT YOUNG, RONNIE L 171 MONROE LANE LEXINGTON SC 29072	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KEM, JOHN D. 171 MONROE LANE LEXINGTON SC 29072	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR / PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER / SECRETARY	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE OF JOSEPH T. KEM Date 4/30/02 (813) 957-0508

CR2004 (5/01)

Attachment

CT CORPORATION SYSTEM

37756
G41287

June 25, 2002

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re. Cardio-Stat, Inc. (Ref. Number G41287)
2002 Uniform Business Report (UBR)

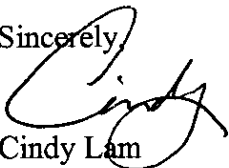
Division of Corporations:

Please file the enclosed 2002 UBR for the above-named entity ASAP. Also enclosed is a letter issued by the Department of State of Florida regarding this matter.

Should you have any questions, please contact Mr. John Kein at 803-957-0500.

Thank you for your time and attention.

Sincerely,



Cindy Lam
CT Atlanta Team 3

Via Regular Mail

1201 Peachtree Street, NE
Atlanta, GA 30361
Tel. 404 888 7796
Fax 404 888 7795